

CERTIFICATE OF DEATH

REGISTRAR'S NO.

4412

BIRTH NO.

OF DEATH IN RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>1</u> month IN ARIZONA <u>41</u> yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
	C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Glendale</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Memorial Hosp.</u>		<input checked="" type="checkbox"/> D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>Box 494 Rt. 1</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
EDENT ONAL ATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Juan</u> B. (MIDDLE) <u>S.</u> C. (LAST) <u>Acuna</u>		4. SEX <u>Male</u>		5. COLOR OR RACE <u>white</u>	
	6B. NAME OF SPOUSE <u>Cruz A.</u>		7. DATE OF BIRTH MONTH <u>June</u> DAY <u>28</u> YEAR <u>1907</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>58</u>	
	9B. KIND OF BUSI- NESS OR INDUSTRY <u>Agriculture</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
	14A. FATHER'S NAME <u>Juan S. Acuna Sr.</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Calif.</u>		15A. MOTHER'S MAIDEN NAME <u>Roberta Sotelo</u>	
331X USE OF ATH M 18)	16. INFORMANT'S SIGNATURE <u>Lundberg Chapel records</u>		ADDRESS <u>L Ballnutt</u>		17. DATE OF DEATH (MONTH) <u>November</u> (DAY) <u>11</u> , (YEAR) <u>1965</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>BRONCHOPNEUMONIA</u> DUE TO (B) <u>CEREBROVASCULAR</u> DUE TO (C) <u>ACCIDENT 40 DAYS</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ATIONS, OPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>OCT. 10 1965</u> TO <u>NOV. 11 1965</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>NOV 10 1965</u> AND THAT DEATH OCCURRED AT <u>3A</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <u>Albert J. Ballnutt</u> (DEGREE OR TITLE)		22B. ADDRESS <u>824 E Washington</u>		22C. DATE SIGNED <u>11/11/65</u>	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <u>—</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Phoenix</u>		23C. (CITY OR TOWN) (COUNTY) (STATE)	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
NER'S CATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Nov. 13, 1965</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Glendale Memorial Park</u>	
ERAL CTOR ID TRAR	26A. DATE REC. BY LOCAL REG. <u>11/12/65</u>		26B. REGISTRAR'S SIGNATURE <u>Beulah Johnston</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Dale H. Hartsfield</u>	
	26C. REGISTRAR'S SIGNATURE <u>Lundberg Chapel of the Chimes</u>		27B. ADDRESS <u>Glendale, Arizona</u>		27C. EMBALMER'S SIGNATURE <u>Dale H. Hartsfield</u>	
		28A. EMBALMER'S SIGNATURE		28B. EMBALMER'S CERT. NO. <u>368-A</u>		